

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No. **091869724** Filing Date

Applicant(s)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	1				
4	1				
5	1				
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48					
49					
50					
TOTAL IND.	1				
TOTAL DEP.	4	↓	↓	↓	↓
TOTAL CLAIMS	5	SEARCHED	SEARCHED	SEARCHED	SEARCHED

1	2	3	4
51	52	53	54
55	56	57	58
59	60	61	62
63	64	65	66
67	68	69	70
71	72	73	74
75	76	77	78
79	80	81	82
83	84	85	86
87	88	89	90
91	92	93	94
95	96	97	98
99	100		
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			